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<b>SERIAL NUMBER</b> 10/788,410	<b>FILING OR 371(c) DATE</b> 03/01/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 066683-0198
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/625,509 07/25/2000 PAT 6,699,468 which is a DIV of 09/004,511  
 01/08/1998 PAT 6,139,834  
 which is a CIP of 08/478,800 06/07/1995 ABN  
 which is a DIV of 08/264,581 06/23/1994 PAT 5,585,096

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 05/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**  
22428

**TITLE**  
Replication-competent herpes simplex virus mediates destruction of neoplastic cells

<b>FILING FEE RECEIVED</b> 622	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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